

United States Department of Agriculture
Marketing and Regulatory Programs
Agricultural Marketing Service
Livestock and Seed Program

MGC Instruction 424 February 20, 2008 Page 1 of 13

Meat Grading & Certification Branch

TRAVEL VOUCHER PREPARATION

PURPOSE

This Instruction specifies procedures for preparing and processing Form AD-616, Travel Voucher (Temporary Duty Travel) and AD-617, Travel Voucher Continuation Sheet.

POLICY

To get reimbursement for official travel, employees must accurately complete Form AD-616 (Exhibit A) and AD-617 (Exhibit B) according to this Instruction, Federal Travel Regulations (FTR), Agricultural Travel Regulations (ATR), and Marketing and Regulatory Program (MRP) Regulations. In accordance with the ATR, employees must file a travel voucher within 5 days after completing travel. Employees must exercise the same care incurring travel expenses that a prudent person would exercise if traveling on personal business.

DEFINITIONS

Actual Duty Point: The street-address of a single location where the employee regularly performs duties or which the employee uses as headquarters. The actual duty point is designated by the supervisor for each employee under his or her supervision. The employee's residence location is not a factor in designating the duty point. Where employees rotate among plants or other assignments within the normal commuting area, or where employees may be expected to perform official duties at more than one site within the normal commuting area, the supervisor will designate a single location as the standard or average actual duty point for the purpose of determining the normal commuting area and the "normal commute."

<u>Official Duty Station:</u> The corporate or other established limits of the city or town in which the employee is assigned for personnel purposes.

<u>Temporary Duty (TDY) Location:</u> A place away from an employee's official station where the employee is authorized to travel.

<u>Normal Commuting Area:</u> Is the area within a circle with a radius of 25 miles from the actual duty point (defined above), plus any area of the corporate or other established limits of the official duty station. The normal commuting area will be the same as the normal commuting area for per diem entitlements under the Federal Travel Regulations and Agriculture Travel Regulations.

<u>Normal Commute:</u> The distance of direct travel over normally traveled routes from the employee's residence to the actual duty point, and return.

FORM MGC-41, ASSIGNMENT TO TEMPORARY DUTY

Before field employees begin temporary duty, the Customer Service Director must:

- 1. Arrange travel for the employee.
- 2. Issue a signed copy of an MGC-41 (Exhibit C) to the employee by facsimile or email.
- 3. Retain a copy of the original MGC-41 in the Meat Grading and Certification (MGC) Branch Office.

Field employees must notify their immediate supervisor and the Customer Service Director if:

- 1. They do not receive an MGC-41 before travel.
- 2. Changes become necessary during the TDY assignment.
- 3. Actual travel does not correspond to the travel authorized on the MGC-41. If the employee changes travel plans for personal reasons they must complete a Travel Voucher Comparison Statement (Exhibit D) to claim expenses.

Designated MGC Branch employee(s) are responsible for:

- 1. Filing the MGC-41 with the corresponding AD-616, AD-617 (if needed), and MGC-58, Employee Work Report and Time and Attendance (Exhibit E).
- 2. Referring to the MGC-41 for auditing purposes.

EXHIBITS

Exhibit G Military Time Format

Exhibit A	Form AD-616, Travel Voucher
Exhibit B	Form AD-617, Travel Voucher Continuation Sheet
Exhibit C	Form MGC-41, Assignment to Temporary Duty
Exhibit D	Travel Voucher Comparison Statement
Exhibit E	Form MGC-58, Employee work Report and Time and Attendance
Exhibit F	AD-202, Travel Authorization

Exhibit H Sample Form AD-616, Travel Voucher

Exhibit I Form MRP 10R, Request for Special Travel

Exhibits A, B, C, D and E are available online or hard copies of may be ordered from the MGC Branch Office.

PROCEDURES

Per diem rates, a list of contract airlines, reimbursable mileage rates and other travel information are available online.

The numbers listed below correspond to blocks on the AD–616. Complete the blocks on the travel voucher as follows:

SECTION A IDENTIFICATION

- 1. Enter the travel authorization number from the AD-202, Travel Authorization (Exhibit F). With exception of special travel situations, such as overseas, outside the Continental United States (CONUS), or special per diem rates, a new travel authorization number is issued each fiscal year and is effective October 1 through September 30. (The actual travel authorization is not distributed to travelers. The AD-202 numbers can be accessed from the MGC Branch Office.
- 2. Record your Social Security number.
- 3. Insert your Last Name/First Name/Middle Initial.
- 4. Enter Agency Code "02."
- 5. Record the Originating Office Number as "AG02020193."
- 6. Leave Blank.
- Identify the exact starting and ending dates of travel. Use the MM/DD/YY format and ensure that zeros are placed in front of single digit dates (e.g. 07/03/04).
- 8. Record the two-letter code for type of travel. Except for special travel situations, the code is "DM".
- 9. Enter here, and in Sections D and E, the dollar amount suspended from a previous voucher by the National Finance Center (NFC) that is being reclaimed. When submitting reclaims, employees must attach:

- a. A Voucher Difference Statement that explains the disallowance.
- b. A copy of the original voucher on which the disallowance occurred.
- c. Other documentation that supports the reclaim.
- 10. Enter "Y" if leave was taken while in travel status, "N" if no leave was taken.
- 11. Complete this block if the travel was for official training in accordance with SF-182, Request, Authorization, Agreement and Certification of Training. (Examples include New Employee Orientation and Basics of Supervision.) If so, enter the training document number identified on the applicable form.
- 12. Insert your Official Duty Station, City name and State abbreviation. Use the following state abbreviations:

Alabama		Kentucky		North Dakota	
Alaska	AK	Louisiana	LA	Ohio	OH
Arkansas	AR	Maine	ME	Oklahoma	OK
Arizona	ΑZ	Maryland	MD	Oregon	OR
California	CA	Massachusetts	MΑ	Pennsylvania	PΑ
Colorado	CO	Michigan	MI	Rhode Island	IRI
Connecticut	CT	Minnesota	MN	South	SC
				Carolina	
Delaware	DE	Mississippi	MS	South	SD
				Dakota	
Dist. of	DC	Missouri	MO	Tennessee	TN
Columbia					
Florida	FL	Montana	MT	Texas	TX
Georgia	GΑ	Nebraska	NE	Utah	UT
Hawaii	HI	Nevada	NV	Vermont	VT
Idaho	ID	New	NH	Virginia	VA
		Hampshire		J	
Illinois	IL	New Jersey	NJ	Washington	WA
Indiana	IN	New Mexico	NM	West Virginia	WV
Iowa	IΑ	New York		Wisconsin	WI
Kansas	KS	North Carolina			WY

- 13. Leave blank if your residence is the same as your OFFICIAL DUTY STATION. Otherwise, enter the city and state of your residence.
- 14. Leave blank.

16.

15- Complete these blocks.

Fire Safety: The policy of the government, as reflected in the Hotel and Motel Fire Safety Act of 1990 (Pub. L. No. 101-391, September 25, 1990 as amended by Pub. L. No. 105-85, November 18, 1997), referred to as "the Act" in this paragraph, is to save lives and protect property by promoting fire safety in hotels, motels, and all places of public accommodation affecting commerce. In furtherance of the Act's goals, we encourage employees to stay in a fire-safe facility (i.e., an approved accommodation),

when commercial lodging is required. A list of lodging properties that meet government requirements is on the U.S. Fire Administration's website.

SECTION B TRAVEL VOUCHER MAILING ADDRESS OPTIONS

- 17. Check this block so the voucher payment is sent to your salary payment address.
- 18. Leave blank.
- 19- Employees may only receive travel reimbursement at their salary check
- 21. address.

SECTION C TRANSPORTATION COSTS

On a separate line for each transaction, record common carrier ticket costs, Travel Management Center (TMC) Fees and commercial vehicle rentals.

- 22. Enter the two-letter code for the method of payment used to purchase transportation tickets or car rentals. The method of payment for airline and car rental must be CC for Government Issued Credit Card.
- 23. Enter the code for vendor/carrier (airlines, bus, trains, and car rental agency, and travel agency) as follows:

AA American Airlines NWNorthwest Airlines & Northwest Airlink

COContinental Airlines & UA United Airlines & United Express

DL Delta Airlines & Delta US US Airways Connection

HP America West Airlines WNSouthwest Airlines

ML Midway Airlines XX Amtrak

The rental car vendor code is the first two letters of the vendor's name.

Example: Budget would be recorded as "BU".

The travel agency code is the first two letters of the vendor's name.

Example: ED - EDS / Fedtraveler

24. Enter the transportation ticket number, TMC Fee number from the agency booking fee receipt or car rental agreement number. If no TMC Fee number is given, enter "TMC Fee".

25. Complete this block only if a rental car was used for official travel. You must enter mileage even if the rental included unlimited mileage.

MILES: The whole miles driven in the rental (Example: 280, 371).

DAYS: The number of days that the rental car was used in whole numbers (Example: 2, 10, 14).

Note: Rental car days cannot exceed per diem days.

TOTALS: Enter the cumulative miles the car was driven and rented.

26. Insert the cost of each transportation ticket, TMC Fee, and the amount spent for each rental agreement (<u>including gasoline expenses</u>); then enter the total claim amount.

Note: Do not claim TMC Fees as Miscellaneous Expenses. Claim with airfare.

 Unless authorized, Government employees must use coach class transportation. Check the excess fare block if higher cost accommodations were used (Example: first class). LEAVE THIS BLOCK BLANK.

If a non-contract airline was used, enter one of the following codes:

- 1 Space not available on contract airline.
- 2 Schedule of flight on contract airline inconsistent with Government policy.
- 3 Cost comparison substantiates use of non-contract airlines.
- 4 Rail service available, cost effective and consistent with the mission.

SECTION D CLAIMS

The electronic Travel Voucher will automatically convert the amounts from Section G (Schedule of Expenses and Amounts Claimed) into Blocks #29 through #37 from AD-616 and AD-617.

28. Enter the city(s) and state(s) where authorized lodging was obtained, cumulative days and amount per location.

Note: The total days and amount from Block #28 must agree with Block #29.

- 29. Insert the number of days and total actual per diem incurred.
- 30. Record the actual subsistence accrued. Actual subsistence is only used when pre-authorized by the Deputy Administrator of the Livestock and Seed Program.
- 31. Insert the rate per mile and the total number of miles accumulated in your privately owned vehicle (POV), personal airplane, or personal motorcycle.
- 32. Enter the total parking and toll expenses incurred for official travel.
- 33. Record the total plane, bus or train accommodations, and applicable TMC Fees.
- 34. Leave blank.
- 35. Enter the total local transportation expenses while on TDY travel including taxi, bus, light rail, etc. (obtain receipts when available).
- 36. Record the total miscellaneous expenses incurred while on TDY travel. Explain all miscellaneous expenses in the REMARKS section and attach a receipt. (Miscellaneous Expenses include lodging taxes, ATM fees, laundry, etc.)
- 37. Insert the total car rental expenses, including gasoline purchases. Deduct applicable gasoline expenses when the rental car is used for personal travel.
- 38. Enter the total from Blocks #29 through #37.
- 39- Refer to travel advances and outstanding advances. Contact the MGC
- 43. Branch Travel Coordinator if these items are relevant.
- 44. Enter the difference between Blocks #38 and #40 and #41.

SECTION E ACCOUNTING CLASSIFICATION

- 45. Check this box if the guidelines described in Number 46 do not apply.
- 46. Check this box only if travel consists of multiple travel purpose codes or accounting classifications. Distribute amounts claimed per travel purpose code/accounting classification lists according to MGC Instruction 416, Fiscal Year Subcenter Number Listing.

SECTION F CERTIFICATIONS

- 47. Employee requesting reimbursement for travel expenses must sign with blue ink and send the original to the MGC Branch Office. E-mailed and faxed copies can not be processed.
- 48. Identify the date, in the MM/DD/YY format, that the voucher was completed.

Note: The date cannot be before the ending date of travel.

49- Leave blank

56.

Second Page of Form AD-616 and Form AD-617

Social Enter your social security number.

Security No.:

Traveler's Enter your Last Name, First Name, Middle Initial format.

Name:

SECTION G SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

ITINERARY FROM:

Date: Identity the date that travel began. Use the MM/DD format.

City: Enter the name of the city where travel originated.

State: Record the state abbreviation where travel originated.

Time: Use **Military Time** format (Exhibit G) for the time that travels began.

Use the originating time zone when traveling across more than one

time zone.

Example: If travel started in Amarillo, TX at 0700 CST and ended in Denver, CO at 1300 MST, enter 0700 to 1400 (CST).

TO TDY LOCATION:

Date: Enter the date that you arrived at the TDY location. The first day of

travel and last day of travel must be recorded in separate columns; otherwise days of like travel may be combined in one

column.

Example: If an employee completes a 2-week TDY assignment from 05/05/06 through 05/18/06 and has no changes in TDY location, the dates may be entered in three columns as 05/05, 05/06 – 05/17, and

05/18.

City: Identify the name of the city where travel ended.

County: Record the name of the county where travel ended

State: Insert the two letter state abbreviation where travel ended.

Time: Record the time that travel ended using Military time format.

Local Claims for local travel mileage must be entered on a **daily basis**.

Travel: Include an explanation for the mileage. This may include either the

plant or location traveled to or you may attach an LS-58 for the time period and mileage claimed. Vouchers received with only "local travel" indicated, without supporting documentation, will be

returned to the claiming employee unprocessed.

PER DIEM:

Number of Days:

Identify the number of days on per diem. On the first and last day of TDY travel, employees must enter 0.75 day per diem.

Note: To claim per diem, an employee must be in travel status, outside the normal commuting area for more than 12 hours.

Lodging:

The dollar amount spent for authorized lodging on per diem.

Example: If an employee spends 5 nights in lodging at \$50 per night, enter \$250.00 in the appropriate lodging columns.

Employees who change lodging (hotels) while at a TDY location must use a separate column, for each lodging rate. Otherwise, only the first day of travel and last day of travel must be separate. All other days may be combined.

Lodging Tax:

Do not include lodging tax in this section. **Record the lodging tax** in the Miscellaneous Expense section, check the box for the lodging tax statement, and fill in the dollar amounts in the Remarks section.

M&IE:

Enter the applicable meal and incidental expense allowance that corresponds to the total number of days on per diem.

Note: M&IE expenses do not require receipts for reimbursement.

Less Meals at Govt Expense: Subtract the dollar amount of meals furnished at Government expense. Use the following chart for reference.

Per Diem Allowance	\$39	\$44	\$49	\$54	\$59	\$64
Breakfast	7	8	9	10	11	12
Lunch	11	12	13	15	16	18
Dinner	18	21	24	26	29	31
Incidental	3	3	3	3	3	3

Per Diem Amount:

The TDY location determines the maximum per diem rate. Per diem includes meals, incidentals, and lodging expenses (excluding applicable taxes). One voucher may be used for a maximum of seven (7) different per diem rates.

ACTUAL SUBSISTANCE:

Actual subsistence may be authorized when an employee's travel costs exceed the maximum per diem rate (Example: Conference attendance with a banquet lunch or dinner). The Deputy Administrator must approve actual subsistence in advance of travel and a separate AD-202 must be issued to the employee. (Under normal TDY conditions this section will not be completed.)

Refer to the Per Diem Section. Number of Days:

Refer to the Per Diem Section. Lodging:

Breakfast: The actual amount spent on meal.

Lunch: The actual amount spent on meal.

Dinner: The actual amount spent on meal.

M&IE/Other: Refer to the Per Diem Section.

Actual Subsistence Enter the total <u>actual</u> amount spent on Lodging, Meals,

Amount: and M&IE.

MILEAGE:

The following statements are based on information in the MRP Supplement to the FTR, Chapter 301.

Single When a daily assignment is limited to one stop in the normal Stop:

commuting area, only mileage over the normal home to work is

compensable.

<u>Multiple</u> When a daily assignment involves more than one stop in the normal

Stops: commuting area and:

> 1. The travel begins or ends at the actual duty point, the mileage between the actual duty point and residence is not compensable.

- 2. The first duty point is a temporary duty point within the normal commuting area - reimbursement for miles driven from the employee's residence to the first duty point will not exceed 30 miles.
- 3. The last duty point is a temporary duty point within the normal commuting area. Reimbursement for miles driven between

the last duty point and the employee's residence will not exceed 30 miles.

4. The last duty point is a temporary duty point outside the normal commuting area - reimbursement is allowed for miles from the last duty point to the employee's residence.

TRAVEL TO TDY LOCATION: Miles driven from residence to and from airport for travel to TDY location are fully reimbursable.

Miles: The number of miles claimed.

Rate Per

The mileage reimbursement rate.

Mile:

Mileage The total mileage expense. Multiply the total miles by the

Amount: mileage rate.

Mileage Check the mileage statement box and enter the applicable

Statement: mileage rate in the REMARKS section.

<u>PARKING, TOLLS, ETC.</u>: Enter the parking and toll expenses incurred while traveling. Receipts must be submitted for parking expenses. Parking expenses incurred at a common carrier terminal are reimbursable if they do not exceed the cost of taxi or shuttle fare to or from the terminal. Receipts for toll expenses should be obtained and submitted if available.

<u>PLANE, BUS, TRAIN:</u> Enter the cost of the transportation ticket, including the TMC Fees. List TMC Fees separately from the transportation fares.

Note: Transportation fares and TMC fees may be combined in this section; but, they must be separated in Section C – Transportation Costs.

UNACCOMPANIED BAGGAGE: Leave blank.

<u>LOCAL TRANSPORTATION:</u> Enter expenses incurred on local transportation while in TDY travel status. Local transportation includes taxi, bus, light rail, etc.

No. of Enter the number of trips made.

Trips:

Daily Enter the amount spent on local transportation.

Expense:

MISCELLANEOUS EXPENSES: Miscellaneous expenses and explanations must be recorded in the REMARKS section of either the AD-616 or the AD-617. If the traveler incurs an expense that is not referred in this Instruction, provide the receipt and an explanation in the REMARKS section of the travel voucher.

Statements for commonly used miscellaneous expenses are listed in the REMARKS section of the AD-616. Check the block(s) applicable to the travel voucher.

Lodging Tax:

The lodging tax incurred for lodging.

ATM:

If Automatic Teller Machine (ATM) withdrawals are authorized on the travel authorization, the employee may claim ATM fees. Authorized fees include the <u>ATM transaction fee rate and</u>, if applicable, <u>ATM fees charged by the institution</u>. Check the ATM Fee box and enter the ATM Fee in the REMARKS section.

Example of allowable ATM fees:

Employee withdraws	\$100.00
Multiply ATM transaction fee rate (%)	<u>1.90</u> %
Government Credit Card ATM withdrawal Fee	\$1.90
Add financial institution ATM withdrawal Fee	2.00
Total Amount to be claimed as (4) ATM fee	<u>\$3.90</u>

Note: Employees may not withdraw money from the ATM more than 72 hours (3 days) before the authorized travel date or on the last day of travel. Credit card statements are closely reviewed by the Department. Misuse of the Government issued credit card, including unauthorized or excessive ATM withdrawals, is misconduct and will subject the employee to disciplinary action. The maximum allowable withdrawal amounts are in Departmental Regulation 2300-001. Cash Advances are limited to the amount of meals & incidental expenses (M&IE) for the location of temporary duty.

Telephone Calls:

All calls must comply with Departmental Regulation 2300-03 "Authorized Telephone Calls of a Personal Nature during Official Travel." Like credit card statements, calling card statements are also closely reviewed and misuse will subject employees to discipline.

Employees with government issued calling cards can not claim calls on the travel voucher. Employees who do not have a government issued calling card may claim authorized calls by providing a receipt listing the date, time, duration, cost, and number called. The employee will check the "Personal calls made... statement box and enter the applicable charges in the REMARKS section. Employees who are charged local telephone access fees on their hotel bill must check the applicable box in the REMARKS section.

Laundry Expenses:

Employees traveling on official business in the Continental United

States (CONUS) may claim reimbursement of laundry, drycleaning, or pressing of clothing expenses under the following conditions:

- 1. The traveler incurs at least 7 consecutive nights lodging on official travel.
- 2. Laundry expense is incurred at a TDY site.
- 3. Laundry expenses are not incurred on the first or last day of travel.
- 4. Receipts accompany the travel voucher to substantiate the claim. If coin operated laundry facilities are used, travelers must certify on the travel voucher that items were laundered during official TDY status and no receipt was obtainable.
- Reimbursement is limited to actual expenses, not to exceed \$15 for 7 consecutive nights lodging.
 Reimbursement for nights over 7 consecutive nights are limited to \$2 per night. The \$15 limit does not apply to frocks.
- Exceptions may be granted to the above conditions when unusual or unforeseen circumstances occur. A written explanation of the circumstances must accompany the travel voucher and be approved by the traveler's supervisor.
- 7. Laundry expenses in CONUS that do not meet the above

conditions, and laundry expenses incurred outside the CONUS or in foreign areas are covered as part of the M&IE incidentals portion of the locality per diem rate.

Check the proper laundry statement box and enter the applicable

expenses in the REMARKS section.

Supplies: Supplies can not be claimed on travel vouchers. Supplies are

to be requested from the MGC Branch Office.

CAR RENTAL:

Rental Enter the car rental expenses listed on the rental "close out"

receipts. Estimated rental receipts are **not** acceptable. Expense:

Size of The size of the car is usually limited to a compact car.

Employees who need a larger vehicle must get approval from Car:

their supervisor before renting the vehicle.

Decline comprehensive and collision insurance. The General Insurance:

> Services Administration (GSA) contract with car rental agencies includes full coverage. Employees will not be reimbursed for

extra insurance charges (FTR 301-10.451).

Gasoline Enter the fuel expenses incurred during TDY travel and attach Expense:

receipts to the travel voucher. Do not prepay gas at the time of

rental.

Note: Employees who fail to return the rental car with the same amount of fuel with which it was received will not receive reimbursement for additional refueling charges.

REMARKS:

Miscellaneous expenses and explanations must be recorded in the REMARKS section of either the AD-616 or the AD-617. Travelers who incur expenses that are not referenced in this Instruction, must attach a receipt and a written explanation. Statements for commonly used miscellaneous expenses are listed in the REMARKS section of the AD-616. Check the box and complete the proper information for each statement that applies to the travel voucher.

PERSONAL TRAVEL:

1. If for personal convenience, travel is made by an indirect route or official travel is interrupted, reimbursement is limited to the cost of travel by a direct route or on an uninterrupted basis.

- 2. Government contract fares cannot be used for personal travel.
- 3. The traveler is ineligible for any per diem for personal days taken in conjunction with official travel.
- 4. Personal travel may not be booked using FedTraveler.com. Employees must book official travel first. Once the official ticket has been issued the employee may take their ticket to the airline and have it reissued (using their personal credit card) to accommodate personal travel.
- Employees must have prior approval to conduct personal travel in conduction with official travel. To request approval, employees should complete an MRP 10R, Request for Special Travel (Exhibit I), and submit it to their supervisor.
- 6. The MRP 10R must be attached to the travel voucher.

REMINDERS:

- Attach all <u>original</u> receipts to the travel voucher. Credit card receipts are not acceptable.
- 2. Check your math to ensure that it is correct.
- 3. Make a copy of the travel voucher and all receipts for your personal files.
- 4. Travel vouchers may be submitted for reimbursement per trip, bi-monthly, or on a monthly basis. Vouchers claiming per diem, lodging, airlines, or car rentals are to be submitted within 5 days of the completion of the travel.
- 5. When travel starts in one fiscal year and ends in another, the expenses must be claimed on separate travel vouchers for each fiscal year.
- 6. Original signatures in blue ink are required for processing. E-mail and/or faxed travel vouchers can not be processed.
- Check with your supervisor if you have questions about the completion or submission of the Travel Voucher Comparison Statement, AD-616 or AD-617.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Exhibit A

				AVE	EL V	JUC	HER	(Tem	pora	ary D	uty Ir	avei)					
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SECTION	C - TR	ANSPO	RTATION CO	STS						State (2)		SECTIO			MS		
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	M. Falsification	of an item in	an expense account will result							40. AMT	. OF VOUCHER	(Block 38) TO BE API	PLIED				
(18 USC 287; i.d. 100	01).		re than \$10,000 or imprisonme FURE. I hereby assign to the U			•						ADVANCE (Block 39) Block 38) TO BE APPLIED)				
payment for claims sl Government. All tick	hown herein. A ets, coupons, p	All travel and roromotional ite	ursable carrier transportation of reimbursable claims were incu- ems and credits received in co- 301-304 and other regulations	red on of	fficial busine with travel c	ss of the laimed or	United States this voucher			BILL NO.	>	BILL FOR COLLECTION					
to be correct. 47. CLAIMANT'S SIG	GNATURE			48. [DATE		49. FINAL V	OUCHER		(Che	ck or money ord		,				
					nth Day	Year	INDICA		= No	(Bloc		k 40 and Block 42)			_		
that: (1) Reimburseme	ent is claimed f	or official trav	ND SIGNATURE. In approving the lonly; (2) Use of rental car, to advantage; and (3) Long distant	xicab, or	r other speci	al convey	ned vance for which		-			O TRAVELER Block 40 and Block 41 Initials)		TAL DIFFERE	NCE		
purchased are necess must have written aut	sary and in the horization from	interest of the Agency Hear	e Government. Note: To appro d or his/her designee (31 USC	ve long o				er	E1 000							do and No	
50. APPROVING OF										CIAL SECU		52. DATE APPE Month Day	ROVED Year			de and No.)	
54. NAME AND TITE	LE (Last, First,	Middle Initial)	(Type or Print)					ENCY DE	55. CO	NTACT PE	RSON'S NAME			56. PHONE	(Area Co	de and No.)	

SOCIAL SECURITY NO.	TRAVELER'S NAI	ME						
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SECTION G - SCHEDUL	E OF EXP	ENSES ANI	AMOUNT	S CLAIMEL				TOTALS
FROM DATE (Month/Day)								Transfer
сіту								these totals to Section D on
STATE								Voucher Front.
TIME								If additional
TO TDY LOCATION								days are
DATE (Month/Day)								required, use continuation
CITY								sheet
COUNTY								
STATE								
TIME PER DIEM	1	r	1	,	,	,	1	TOTAL NO. DAYS
NO. OF DAYS		1	!				!	TOTAL NO. DATO
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AT GOVERNMENT EXPENSE		!				!		
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PER DIEM AMOUNT								TOTAL NO. DAYS
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NO. OF DAYS LODGING (Receipt Required)	i	i	 	 	-	 	 	
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LUNCH	İ							
DINNER	1	!			- !			
M&IE/OTHER		1						TOTAL ACTUAL SUBSISTENCE
ACTUAL SUBSISTENCE AMOUNT	!	<u> </u>	1	<u>!</u>	!	<u>!</u>	1	\$
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RATE PER MILE	0.445 ¢	0.445 ¢	0.445 ¢	0.445 ¢	0.445 ¢	0.445 ¢	0.445 ¢	
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Exhibit B

SOCIAL SECURITY NO.	TRAVELER'S	NAM	ME							
SECTION G - SCHEDUL	F OF EX	(Pi	INSES AN	ΝГ	AMOUNT	S CLAIMED)			
ITINERARY				Ť		7 (1111)				TOTALS
FROM DATE (Month/Day)										Transfer
										these totals to
CITY			• • • • • • • • • • • • • • • • • • • •	••••						Section D on
STATE										Voucher Front
TIME										If additional
TO TDY LOCATION										days are
DATE (Month/Day)										required, use continuation
CITY										sheet
COUNTY										SHEEL
STATE										
TIME										
PER DIEM	ŀ					1	1	1	1	TOTAL NO. DAYS
NO. OF DAYS	i		-		-	1	1		1	
LODGING (Receipt Required)	į							i		
MEALS AND INCIDENTAL EXPENSES	;					1	1	1	1	
LESS MEALS AT GOVERNMENT EXPENSE	į				-	i		!		
			1							TOTAL PER DIEM
PER DIEM AMOUNT	Ť		Ť		Ť	Ť	Ť	Ť	Ť	 \$
ACTUAL SUBSISTENCE	i		i							TOTAL NO. DAYS
NO. OF DAYS	!		:		!		!	!	!	
LODGING (Receipt Required)	į		i			i I				
BREAKFAST	i					i	i	i	i	
LUNCH			!			I.	!	!	!	
DINNER			!				- !	!	- !	
M&IE/OTHER	1					<u> </u>	<u> </u>	i	<u> </u>	TOTAL ACTUAL SUBSISTENCE
	÷		† T		† †	+	 	 	 	
ACTUAL SUBSISTENCE AMOUNT MILEAGE	!				:		1	1	1	TOTAL MILES
MILEAGE										TOTAL MILLS
RATE PER MILE	0.445	¢	0.445	¢	0.445 ¢	0.445 ¢	0.445 ¢	0.445 ¢	0.445 ¢	
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PARKING, TOLLS, ETC.	İ		l :			į				 \$
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(Paid By Traveler)	l i				:	1				ls +
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UNACCOMPANIED BAGGAGE	1		1		-	i	i I	i	i I	BAGGAGE
	ļ i					!		!	!	\$
LOCAL TRANSPORTATION										TOTAL LOCAL TRANSPORTATION
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MISCELLANEOUS	 		:	4		:	:	-	:	\$ ITOTAL
EXPENSES TELEPHONE CALLS	!									MISCELLANEOUS
SUPPLIES, ETC.			İ	٦			-	-	-	
CAR RENTAL (Paid By Traveler)	i		1		!	!				TOTAL CAR RENTAL
Receipt and Car Rental Agreement Required	!									
RENTAL EXPENSE GASOLINE EXPENSE			<u> </u>	-	i	<u> </u>	 	+	 	
REMARKS	<u> </u>		<u> </u>		1	<u> </u>		<u> </u>		Ψ [
REMARKS										
Mileage rate of Lodging tax of ATM fee Local telephone access Personal calls made in a Laundry (personal) - coi Eaundry (frocks) - coin c PRIVACY ACT NOTICE. The following in of 5 USC, Chapter 57 (as amended) and other entitlements and allowances as	per fees from maccordance n operated lau information is it executive or prescribed in	note with laur undr	els h provisions ndry facilities ry facilities us ided to comply 11609 of July Federal Travel	CO S U Sec wit 22,	sed, no receipts of the Privacy Act, 1971, and 11012 egulations (41 CFF	S Directive 220 ts were obtainable of 1974 (P.L. 9: of March 27, 196: 301-304). The	5.2 and LSP In able. June 14, e. June 14, 20 3-579). The info: 2, for the purpose information contain	2000 MOU mation requested of recording trained in this form	on this form is a vel expenses incu	urred by the employee and to cla Federal Agency officers and employ
who have a need for such information criminal, or regulatory investigation other investigations of the performan reimbursement.	ns or prosecut	ions	or pursuant to	a	requirement by GS	SA or such other a	agency in connect:	ion with the hiri	ng or firing, or s	security clearance, or s

Exhibit C

	THIS	FORM	M HAS BE	EΝ	R	EVISE	ΞD														
		LIVE	USD. ESTOCK ANI	A - AN D SEE	_	PROGF	RAM			AS	SIGN	MEN	NA TI	ND TRA	AVE	L AUTH	ORIZE	D E	BY:	DATE:	
	ASS	SIGNI	MENT TO	TE	MF	PORA	RY [DUTY		DA	TE EN	ЛРL	OYE	E NOT	IFIE	D: (Mo./	Day)			BY: (Init	ials)
			TDY L	OCA.	TIC	N										Т	TIME:				
DUTY	SITE (Na	ame and	Complete addr	ess ind	clud	ling City a	and Sta	te)		PE	RIOD STA			GNME	NT	INCLUD	ING TI		VEL: <i>(Mo./Da</i> y NDS:	//Yr.)	
										SU	IPERV	ISO	RY C	CONTA	CT:						
PHON	IE NO.		DAILY S	TART	ING	TIME O	F REGI	JLAR HOL	JRS	OF	FICE	PHO	ONE I	NO.		SUPE	RVISC	R'S	S EMERGEN	CY CONT.	ACT NO.
NAME	E AND AD	DRESS	OF ASSIGNED	EMPI	LOY	ÆE:				RE	MARK	(S:				•					
								TRAV	EL C	ON	DITIC	ONS	3								
AUTH	ORIZED	DEPART	URF.	CC	OME	PENSABI	F AS:			ΑIJ	ITHOR	17F	D RF	TURN	ŀ						
Date:	ONIZED		Time:		-	egular Ti		Over	time	Dat					 Tim	e.	Γ		Completion of Daily Assignm		
	RE OF A	SSIGNM				ogulai 11	1110		unic			ON (OF A	SSIGN					Daily Assignin	CIIL	
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KEY (7.00.0.					
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M & IE	Ξ	Number	of days		Tot	tal Allowa	ance												for voluntary	return)	
LODG	SING	Number	of days		Tot	tal Allowa	ance														
MODE	OF TRA	NSPOR	TATION AUTHO	ORIZE	D:					GR	RADING	G E	QUIP	MENT	:		CERTI	IFIC	CATES:	_	
PO)V	СОММО	N CARRIER		RE	NTAL CA	AR	G	SA] FULL	_ SE	ΞT		STA	AMPS	AC	CCI	EPT _	CHARG	E
								TRAVE	L RES	SEF	RVAT	101	NS								
LODG	ING (Nar	ne and co	omplete addres	s inclu	udin	g City an	d State):													
													Pl	hone N	lo.						
												Con	nform	ation N	lo.						
																				nlue toy	
AID T	RANSPO	DTATION	N.										Dally	Rate:	φ					plus tax	
AIN	DA	1	CARRIER	/FLIG	нт	NO	DEF	PT TIME	AF	RR .	TIME	1		DE	STII	NATION		T		ORIGIN	
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<u></u> С	ONTRAC	Т	NONCONTRA	ACT			p	er			No.		Miles	i							
						1		CHARGI	ES TO	A	PPLIC	CAN	NTS		-						
CHAR	GES			N/C		APP	FSA	CHARG	ES	١	V/C	Α	PP	FSA	<u>.</u> [Commitm	ent ch	arg	jes for:		
Travel	I Time To	From ΩΓ	DS/TDY Site		٦			Per Dier	m	Γ	$\neg \top$	Г	$\neg \overline{}$		Ţ	Outy:			(hours)		
	Travel Tir							Car Ren			_	Г	_			Travel:			(hours)		(miles)

MGC-41 (03/15/05)

Exhibit D

TRAVEL V	OUCHER	R COMPARISON STATE	EMENT
NAME			
CONSTRUCTIVE PERIOD	From	То	
PER DIEM Authorized Maximum Lodging Authorized M&IE Rate	I		
SUBSISTENCE			
	DATE	AUTHORIZED	ACTUAL
		=	=
		=	=
		=	=
TRANSPORTATION			
Mileage	DATE	AUTHORIZED	ACTUAL
		=	=
		=	=
		=	=
		=	=
Air Fare	DATE	AUTHORIZED	ACTUAL
		=	=
		=	=
			=
TOTAL		\$ -	<u>\$ -</u>
Actual expense does not exceed expense claimed.	authorized	allowance; full reimbursemen	nt for actual
Actual expense exceeds authorize the travel voucher. The Denver			. Do not adjust
REMARKS			

Exhibit E

			THIS	S DOC	CUME	ENT HAS BEEN RE		D_																		
	U.S. DEPARTMENT OF AGR					NAME (Last, First, Middle Init	tial)							EQC		SUPERVI	SOR			PAY PERIOD NUMBER						
	AGRICULTURE MARKETING			AND																	T-0					
EIV	IPLOYEE WORK RE															FROM:					TO:					
	TIME AND ATTEN	DA	NCE	•																						
CERTIFICA	TION STATEMENT: I certify tha	at all i	regulai	r time, le	eave,	SIGNATURE:															DATE:					
overtime, ni law and reg	ght differential and holiday time	was	worked	d accord	ding to																					
NORMAL HO	DME - TO - WORK	П	FT	OFFICI.	AL DUT	Y STATION												1								
		ΙĦ	F.T. SCEP MT AN CU ST									F	IRST W	/EEK				CODE			S	ECON	D WEE	K		
		ΙĦ	AN	ACTUA	L DUTY	POINT			C/U	S	М	Т	W	Т	F	S	TOT		TOT	S	М	Т	W	Т	F	S
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Exhibit G

	MILITARY		MILITARY
A.M.	TIME	P.M.	TIME
/ \\vi.	T IIVIL	1	THVIL
12:15	0015	12:15	1215
12:30	0030	12:30	1230
12:45	0045	12:45	1245
1:00	0100	1:00	1300
1:15	0115	1:15	1315
1:30	0130	1:30	1330
1:45	0145	1:45	1345
2:00	0200	2:00	1400
2:15	0215	2:15	1415
2:30	0230	2:30	1430
2:45	0245	2:45	1445
3:00	0300	3:00	1500
3:15	0315	3:15	1515
3:30	0330	3:30	1530
3:45	0345	3:45	1545
4:00	0400	4:00	1600
4:15	0405	4:15	1615
4:30	0430	4:30	1630
4:45	0445	4:45	1645
5:00	0500	5:00	1700
5:15	0505	5:15	1715
5:30	0513	5:30	1730
5:45	0545	5:45	1745
6:00	0600	6:00	1800
6:15	0615	6:15	1815
6:30	0630	6:30	1830
6:45	0645	6:45	1845
7:00	0700	7:00	1900
7:15	0715	7:15	1915
7:30	0713	7:30	1930
7:45	0745	7:45	1945
8:00	0800	8:00	2000
8:15	0815	8:15	2015
8:30	0830	8:30	2030
8:45	0845	8:45	2045
9:00	0900	9:00	2100
9:00	0900	9:00 9:15	2115
9:30	0915	9:30	2130
9:45	0945	9:45	2145
10:00	1000	10:00	2200
10:15	1015	10:15	2200 2215
10:30	1030	10:30	2230
10:45	1045	10:45	2230 2245
11:00	1100	11:00	2300
11:15	1115	11:15	2315
11:30	1130	11:30	2330
11:45	1145	11:45	2345
12:00 noon	1200	12:00 midnight	2400
12.00 110011	1200	12.00 midnight	2700

Exhibit H

TRAVEL VOUCHER (Temporary Duty Travel) SECTION A - IDENTIFICATION TRAVEL AUTHORIZATION NO. 2 SOCIAL SECURITY NO. 3. NAME (Last) (Middle Initial) 7NM0237400XXX GRADER JOHN В 02 AGENCY ORIGINATING OFFICE RAVELER ORIGI DATES OF TRAVEL EXPENSES TYPE CLAIM (Indicate one type only) NUMBER OFFICE NUMBER FROM THRU DM Domestic AMOUNT Foreign TDY Outside Cont. U.S. Day Month Day FG INCLUDED AG02020193 06 13 DM 10 01 10 06 GR = Escorted Group 13. RESIDENT CITY AND STATE (If other than official station) 10. LEAVE TAKEN 11. TRAINING DOCUMENT NO. (For 12. OFFICIAL DUTY STATION CITY AND STATE Purpose of Travel Code 3 Only) GOLDEN, CO DENVER, CO N Y = Yes N = No14. POST APPROVAL INDICATOR 15. TOTAL NIGHTS LODGING 16. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDARDS 11 11 Y = Yes N = No SECTION B - TRAVEL **VOUCHER MAILING ADDRESS OPTIONS** 19. SPECIAL ADDRESS 20. FOREIGN ADDRESS 21. TRAVEL EFT ACCOUNT X 17. SALARY ADDRESS . (35) 18. T&A CONTACT POINT 2. (35) State (2) Zip code (9) 3. City (20) SECTION C - TRANSPORTATION COSTS SECTION D - CLAIMS METHOD OF VENDOR/ IDENTIFICATION AMOUNT TDY LOCATION MILES DAYS NO. OF PAYMENT CARRIER NUMBER AMOUNT DAYS CITY or COUNTY STATE 0167764513019 \$258.60 CC UA CC ED TMC FEE 27.09 Sioux City IΑ 6.50 613.50 CC NA RA766445131 147 397.92 Limon CO 5.50 489.50 f payment was made by the traveler. 147 \$683.61 omplete Section G on reverse. **TOTALS** NFC USE 29. PER DIEM \$ 1,103,00 27. AIRLINE ACCOMMODATIONS: Excess Fare ◆ Non-contract 12.00 No. of Days SECTION E - ACCOUNTING CLASSIFICATION **X** 45. AUTHORIZATION ACCOUNTING PURPOSE OF TRAVEL CODES No. of Days 1 - Site visit 31. MILEAGE (Check this block if accounting and purpose of travel code(s) from travel authorization are 9 - Emergency travel 2 - Information meeting .445 £ Miles [368 to be charged for the total voucher claim.) Training attendance 11 - Pre-employment travel 13 - Rest and Recuperation Rate ∕c] Miles [163.76 46. DISTRIBUTED ACCOUNTING Speech or presentation Rate [£] Miles [Conference attendance (Check this block distribute total claim from Section D to the applicable Purpose of Travel Code and Accounting Classification line.) Entitlement/home leave 15 - Informal training 32. PARKING, TOLLS, ETC 35,00 8 - Special mission travel 33. PLANE, BUS, TRAIN 285,69 PURPOSE CODE ACCOUNTING CLASSIFICATION PERCENTAGE 34. UNACCOMPANIED BAGGAGE 35 LOCAL TRANSPORTATION 36. MISCELLANEOUS EXPENSES 71.90 37. CAR RENTAL 397.92 38 TOTAL CLAIM \$ 2,057.27 (Blocks 29 thru 37) THESE PERCENTAGES MUST EQUAL 89. TRAVEL ADVANCE AMOUNT OUTSTANDING SECTION F - CERTIFICATIONS FRAUDULENT CLAIM. Falsification of an item in an expense account will result in a forfeiture of the claim 28 USC 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both 40. AMT. OF VOUCHER (Block 38) TO BE APPLIED TO OUTSTANDING ADVANCE (Block 39) 41. AMT. OF VOUCHER (Block 38) TO BE APPLIED CLAIMANT'S RESPONSIBILITIES AND SIGNATURE. I hereby assign to the United States any rights I may have against other parties in connection with any reimbursable carrier transportation charges described herein. I have received no payment for claims shown herein. All travel and reimbursable claims were incurred on official business of the United States TO OUTSTANDING BILL FOR COLLECTION BILL NO. remment. All tickets, coupons, promotional items and credits received in connection with travel claimed on this voucher e been accounted for as required by 41 CFR 301-304 and other regulations. I have reviewed this voucher and certify it ADDITIONAL ADVANCE AMOUNT REPAID to be correct. (Check or money order attached) 47. CLAIMANT'S SIGNATURE FINAL VOUCHE INDICATOR REMAINING ADVANCE BALANCE (Block 39 minus Block 40 and Block 42 10 | 15 | 06 NET TO TRAVELER APPROVING OFFICER'S RESPONSIBILITIES AND SIGNATURE. In approving this \$ 2,057.27 nat: (1) Reimbursement is claimed for official travel only; (2) Use of rental car, taxicab, or other special conveyance for which (Block 38 minus Block 40 and Block 41 eimbursement is claimed is to the Government's advantage; and (3) Long distance phone calls and supplies or equipment surchased are necessary and in the interest of the Government. Note: To approve long distance phone calls, approving officer nust have written authorization from Agency Head or his/her designee (31 USC 1348). AUDITED BY (Examiner's Initials) OTAL DIFFERENCI 50. APPROVING OFFICER'S SIGNATURE 51. SOCIAL SECURITY NO. 52. DATE APPROVED 53. PHONE (Area Code and No.) Day 54. NAME AND TITLE (Last, First, Middle Initial) (Type or Print) 56. PHONE (Area Code and No.) CODE

SOCIAL SECURITY NO.	TRAVELER'S NAM							
		R JOHN B		0.01.41455				
SECTION G - SCHEDUL	E OF EXPE	ENSES AND	AMOUNT	S CLAIMED				TOTALS
FROM DATE (Month/Day)	10/01	10/02	10/07	10/08	10/09	10/13		Transfer
СІТУ	Denver		Sioux City	Denver		Limon		these totals to Section D on
STATE	СО		IA	CO		CO		Voucher Front.
TIME	1000		0900	1300		1330		If additional
TO TDY LOCATION DATE (Month/Day)	10/01	10/06	10/07	10/08	10/12	10/13		days are required, use
СІТУ	Sioux City	Sioux City	Denver	Limon	Limon	Denver		continuation sheet
COUNTY	Woodbury	Woodbury		Lincoln	Lincoln			Silect
STATE	IA	IA	CO	CO	CO	CO		
TIME	1530		1300	1500				
PER DIEM NO. OF DAYS	0.75	5.00	0,75	0,75	4 00	0,75		TOTAL NO. DAYS 12.00
LODGING (Receipt Required)	60,00	300:00		55,00	220,00		!	
MEALS AND INCIDENTAL EXPENSES	29 25	195,00	29.25	29.25	156 00	29.25	1	
LESS MEALS AT GOVERNMENT EXPENSE	1							
	89,25	495,00	29,25	84,25	376,00	29,25	! ! T	TOTAL PER DIEM 1.103.00
PER DIEM AMOUNT ACTUAL SUBSISTENCE								\$ 1,103,00 TOTAL NO. DAYS
NO. OF DAYS		İ	į			l i	l ŧ	TOTAL NO. DATO
LODGING (Receipt Required)	!	1	;	:	!	;	;	
BREAKFAST	1	!					į	
LUNCH	!	!	į				i	
DINNER	!		į			į	İ	
M&IE/OTHER	!	!						TOTAL ACTUAL SUBSISTENCE
ACTUAL SUBSISTENCE AMOUNT MILEAGE	† I	i I	1	! !	İ	1	<u>.</u> 1	\$ †
MILES	32		32	140	20	144		368
RATE PER MILE	0.445 ¢	0.445 ¢	0.445 ¢	0.445 ¢	0.445 ¢	0.445 ¢	0.445 £	
MILEAGE AMOUNT	14 24		14.24	62 30	8 90	64 08		TOTAL MILEAGE 163,76
PARKING, TOLLS, ETC.			35,00					TOTAL PARKING \$ 35.00
PLANE, BUS, TRAIN	;		;	:	:	;	 	TOTAL PLANE, BUS, TRAIN
(Paid By Traveler)	258¦60	27¦09	1	1	1	!		\$ 285,69
UNACCOMPANIED BAGGAGE							 	TOTAL UNACCOMPANIED BAGGAGE
LOCAL TRANSPORTATION	'	,	'	'	'	'	1	TOTAL LOCAL TRANSPORTATION
NO. TRIPS DAILY EXPENSE		1	1	1	1	!	!	
MISCELLANEOUS	-	-		1	1	-		\$ TOTAL
EXPENSES TELEPHONE CALLS	6:00	30.00		6,00	24 00			MISCELLANEOUS
SUPPLIES, ETC. CAR RENTAL	3¦90	<u> </u>	<u> </u>	2,00	- !	ļ		\$ 71.90
(Paid By Traveler) Receipt and Car Rental Agreement Required		054140						TOTAL CAR RENTAL
RENTAL EXPENSE GASOLINE EXPENSE	14,50	351,42 32,00	1	<u> </u>	+	:	!	¢ 207102
REMARKS	14,50	32,00	!	<u> </u>	<u>'</u>		<u> </u>	\$ 397,92
ATM Fees = \$3.90 on 10/01 at	500 cents p	er mile approv		geous to the go	overnment.			
✓ ATM fee \$5.90 Local telephone access Personal calls made in a Laundry (personal) - coir Laundry (frocks) - coin o	accordance with n operated laur perated laundr	els n provisions co ndry facilities used y facilities used	ntained in AMS sed, no receipt d, no receipts v	s were obtaina vere obtainable	ble. June 14, e. June 14, 20	2000 MOU 00 MOU		
PRIVACY ACT NOTICE. The following in of 5 USC, Chapter 57 (as amended) and other entitlements and allowances as who have a need for such information criminal, or regulatory investigation other investigations of the performan reimbursement.	I Executive Orders prescribed in the in the performance as or prosecutions	11609 of July 22 Federal Travel Re e of their duties or pursuant to a	, 1971, and 11012 egulations (41 CF) . Information will requirement by G	of March 27, 1962 R 301-304). The i ll be transferred SA or such other a	e, for the purpose information contain to appropriate Fe agency in connecti	e of recording tra ined in this form ederal, State, loc ion with the hirir	will be used by I cal or foreign age ng or firing, or s	erred by the employee and to Federal Agency officers and encies, when relevant to civil, security clearance, or such

U.S. DEPARTMENT OF AGRICULTURE	INCTRUCTIONS							
MARKETING AND REGULATORY PROGRAMS	INSTRUCTIONS: 1. Type or print clearly. 2. Send approved original form to the office preparing the							
REQUEST FOR SPECIAL TRAVEL	AD-202, Travel Authorization. 3. File with AD-202.							
NAME OF EMPLOYEE	TITLE							
DUTY STATION	DATE(S) OF OFFICIAL TRAVEL							
	DATE OF STREET HOUSE							
ITINERARY								
In conjunction with my official travel, I plan to:								
COMBINE BUSINESS AND PERSONAL TRAVEL (No leave involved) Dates:								
TAKE ANNUAL LEAVE DURING MY OFFICIAL TRIP. A COPY OF MY APPROVED LE	FAVE SUID SE 74 IS ATTACHED							
TARE ANNUAL LEAVE DURING MIT OFFICIAL TRIF. A COFT OF MIT AFFROYED LE	EAVE SLIF, SF-/ I IS ATTACHED.							
DEVIATE FROM THE NORMAL MODE OF TRANSPORTATION OR ITINERARY FOR M	IY PERSONAL CONVENIENCE (Including non-work days)							
EXPLANATION								
CERTIFICA	ATION							
I certify that my personal plans did not influence the creation of this official trip.								
rectury that my personal plans did not influence the dealion of this official trip.								
I understand that from Date to Date	Twill not be paid per diem by the government.							
Because I choose to use my personally owned car rather than travel by airplar	ne, my reimbursement will be limited to \$							
because I choose to use my personally office our rather than it are by ample								
SIGNATURE OF EMPLOYEE	DATE SIGNED							
SIGNATURE OF EMILEOTEE	DATE GIONED							
APPROVED SIGNATURE OF APPROVING OFFICIAL	DATE SIGNED							
DISAPPROVED								
REMARKS								